

**COMMONWEALTH OF VIRGINIA
State Corporation Commission
Bureau of Insurance**

TAX/ASSESSMENT ADDRESS AND CONTACT

Please complete with information relative to the actual person responsible for filing forms and answering questions relating to premium license tax and various assessments filings in the Commonwealth of Virginia. This form should be returned with your tax reports and as needed in the future.

NAIC NUMBER: _____

COMPANY NAME: _____

NAME AND TITLE OF CONTACT PERSON:

ADDRESS (only for mailing of premium license tax /assessment materials):

E-MAIL ADDRESS: _____

CONTACT'S TELEPHONE NUMBER: _____

CONTACT'S FAX NUMBER: _____

NOTE: The Bureau of Insurance should be notified immediately should any of the above information change. Failure to change this information could cause misdirection of critical information which may cause penalties and/or interest to be assessed. A blank copy of this form should be maintained for this purpose.

YOU MAY EITHER MAIL OR FAX THE FORM TO THE BUREAU OF INSURANCE.

MAIL FORM TO:
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

FAX FORM TO:
(804) 225-5765 or
(804) 225-5764